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**Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services**

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**UNFPA - Country programme and related matters**

**United Nations Population Fund**

**Country programme document for Senegal**

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|---|---|
| Proposed indicative assistance: | $44.1 million, including $9.7 million from regular resources and $34.4 from co-financing arrangements or other resources |
| Programme period: | Five years (2019-2023) |
| Cycle: | Eighth |
| Categories per decision 2017/23: | Red |

Proposed indicative assistance (in millions of $):

| Strategic plan outcome areas | | Regular resources | Other resources | Total |
|---|---|---|---|---|
| Outcome 1 | Sexual and reproductive health | 6.0 | 24.2 | 30.2 |
| Outcome 3 | Gender equality and women's empowerment | 0.7 | 7.3 | 8.0 |
| Outcome 4 | Population dynamics | 2.0 | 2.9 | 4.9 |
| Programme coordination and assistance | | 1.0 | - | 1.0 |
| **Total** | | 9.7 | 34.4 | 44.1 |

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# I. Programme rationale

1. The goal of Senegal is to be an emerging economy by 2035. Population growth between censuses was estimated at 2.5 per cent (2013) and the population at 15.7 million in 2018, including 54.8 per cent in rural areas, 48.2 per cent women of childbearing age. With a human development index of 0.494, Senegal ranks 163rd out of 188 countries. The incidence of poverty was estimated at 46.7 per cent (2011). Young people aged under 25 years account for 62 per cent of the population, of which 31.9 per cent are adolescents aged between 10 and 24 years old (2013). This population structure represents an opportunity to harness the demographic dividend. The dependency ratio is 83.7 per cent (2013), and is associated with a high social demand, especially in the field of reproductive health.

2. The maternal mortality rate was estimated at 315 deaths per 100,000 live births in 2015, compared to 392 in 2011. Births attended by trained staff decreased from 65.1 per cent (2011) to 58.6 per cent (2016), the situation being less favourable in rural areas (45.2 per cent). At the national level, 34 health care facilities provide effective urgent basic obstetric and neonatal care (2016). Obstetric fistula victims (prevalence rate of 0.3 per cent of women aged 15-49 years in 2017) suffer from stigma and discrimination.

3. The average number of children per woman was 4.7 in 2016, compared with 5 in 2011, and showed disparities between urban (3.5) and rural (5.9) areas. This slight improvement in the index is in line with the use of modern contraception (23 per cent among women aged 15-49 years in 2016 compared to 12 per cent in 2011) and unmet needs of 23.6 per cent. The limited use of modern contraception is partly linked to the persistence of sociocultural constraints.

4. The high fertility of adolescent girls (72 per 1,000 for girls 15 to 19 years old) and the number of child marriages remain a concern. In 2016, 15.6 per cent of adolescent girls had already started their reproductive lives (33.9 per cent in the poorest quintile households, compared to 2.8 per cent for the richest); 33.6 per cent of adolescent girls were married before 18 years. Only 15 youth advisory centres are functional in the country.

5. 47.6 per cent of members of parliament are women (2017). However violence against women and female genital mutilation persist: 13.6 per cent of girls under the age of 15 years were circumcised in 2016.

6. Floods, malnutrition, food insecurity and coastal erosion remain the main humanitarian risk factors.

7. The national statistical system is improving with four censuses (since 1976), regular national surveys (including a continuous demographic and health survey since 2012) and the use of digital technology like tablets. However population data and information systems are insufficient for monitoring progress towards the sustainable development goals.

8. The seventh programme has contributed to: (a) increased availability of contraceptives with 95 per cent of primary service delivery points providing at least three modern methods of contraception; reduction of product shortages at the primary service delivery points (39 per cent in 2014, 9.8 per cent in 2016); support for 98 maternal death audits and response, anonymous HIV testing of 136,362 young people aged 15-24 years; training of 112 providers of basic/comprehensive emergency obstetric and neonatal care, 101 providers on post-abortion care, 449 providers on contraceptive methods; support for adoption of policies, standards and protocols as well as an integrated strategic plan for maternal, neonatal, child/youth and adolescent health (2016-2020); (b) Capacity-building at 14 national institutions for the prevention of violence and care of the victims of violence; a declaration of abandonment of female genital mutilation by 1,037 communities; (c) Introduction of new information technologies in the census process that reduced the duration of the operation, improved the quality of the results and saved $10 million; establishment of the National Agency for Statistics and Demography as a centre of excellence for electronic censuses; preparation of a

national report on harnessing the demographic dividend; completion of five continuous demographic and health surveys.

9. The final evaluation of the seventh programme highlighted some lessons learned that we will build on, including: (a) the promotion of South-South cooperation with new technologies; (b) the inclusion of the sociocultural context and the involvement of grass roots communities as a guarantee of the sustainability of results; (c) the involvement of community leaders to strengthen the effective support of populations for reproductive health/family planning actions and the eradication of female genital mutilation.

10. The eighth programme should address the following challenges: low utilization of reproductive health/family planning services by women and adolescents/young people, especially in rural areas; persistence of gender-based violence/excision practices in children aged under 15 years in seven regions; the insufficient production, analysis and use of quality data for programming/monitoring/evaluating policies.

11. The eighth programme will contribute to universal access to reproductive health, particularly for women, youth and adolescents, with a view to capturing a demographic dividend and the country's emergence in 2035.

## II. Programme priorities and partnerships

12. Aligned with the UNFPA Strategic Plan for 2018-2021, the programme is based on the vision of harnessing the demographic dividend. It is aligned with national priorities (Plan Senegal Emergent 2014-2035) focused on human capital development through the reduction of maternal mortality, promotion of family planning (Strategic Plan for Reproductive, Maternal, Newborn, Child and Adolescent/Youth Health 2016-2020) and women's empowerment (National Strategy for Equity and Gender Equality 2016-2026) among others.

13. As part of the "Delivering as One" initiative, the country programme will cover 10 regions, focusing on women, adolescents and youth, particularly the most vulnerable. It will contribute to the achievement of the sustainable development goals, Agenda 2063 of the African Union; Axis 2 "Access to basic quality social services and social protection" and Axis 3 "Governance, peace and security" of the country's United Nations Development Assistance Framework (UNDAF) for 2019-2023. The programme was developed through a participatory and inclusive process under the leadership of the Ministry of Economy, Finance and Planning. It has been designed, based on the red country model in the business model of the UNFPA Strategic Plan.

14. The programme will strengthen partnership with the Government, technical and financial partners, civil society and non-governmental organizations. UNFPA will collaborate at the strategic level with relevant ministries (health, family, gender, youth, education, justice, economy) and at the operational level with the deconcentrated services of the ministerial departments involved, civil society organizations and networks in population development (parliamentarians, religious leaders, young people, traditional communicators, journalists). UNFPA will support civil society to hold the duty bearers accountable. UNFPA will be an integral part of joint interventions with several United Nations organizations, as part of the implementation of the UNDAF, in line with the principles of the "Delivering as One" initiative. The partnership will be especially strengthened through donor involvement (Luxembourg, Canada, France, Belgium, etc.), Health six initiative, Family Planning 2020, the World Bank and the private sector to mobilize programme resources.

15. The programme will stress the preparation and response to humanitarian emergencies, as well as the resilience of communities, especially vulnerable rural populations. Improving the response to humanitarian emergencies has been taken into account in cross-cutting manner through: (a) service provider capacity-building; (b) advocacy for the involvement of locally elected representatives in the preparation of the response and the integration of reproductive health and gender-based violence in development plans; (c) increased availability of service delivery/dignity kits.

## A. Outcome 1: Sexual and reproductive health

16. *Output 1: Increased capacity of health facilities to provide integrated quality maternal health, family planning, nutrition, sexual health services to women, adolescents and youth, especially the most vulnerable, including in humanitarian emergencies*. The following strategies are selected: (a) strengthening advocacy with the State, local authorities, the private sector, technical and financial partners to double the financial resources for the purchase and complete distribution of contraceptives and vital medicines to ensure both "reach the last mile"; (b) strengthening the quality of integrated reproductive health and family planning services through the mentoring and coaching of midwives and a systematic review of maternal deaths; (c) strengthening the functionality of 27 health facilities for the provision of emergency obstetric and neonatal care; (d) strengthening the routine care of women with obstetric fistula; (e) further implementation of three innovative reproductive health and family planning strategies (distribution of contraceptives at the community level, mobile teams, telemedicine); (f) strengthening the provision of reproductive health services adapted to the needs of adolescents and young people through the establishment of youth user-friendly services in 25 new health care structures; (g) support to youth networks to facilitate access to sexual and reproductive health information and services; (h) integration of volunteering into youth-targeted programmes; (i) capacity-building to improve the quality of reporting; (j) strengthening partnerships and a multisectoral approach, with a view to synergistic interventions in: emergency obstetric and neonatal care, adolescent/youth reproductive health, reproductive health product safety, maternal death surveillance and response and obstetric fistula treatment.

17. *Output 2: Increased national capacities to create demand for sexual and reproductive health services, including family planning for women, adolescents and youth, especially the most vulnerable*. Strategies selected: (a) strengthening reproductive health and family planning demand creation initiatives especially in rural areas ("husband school" approach, use of telephone and web platforms, notification of maternal deaths by the *bajenugox*, youth relays); (b) building the capacity of 2,450 grass roots community organizations to scale up successful community strategies (village solidarity funds, "husband schools", etc.);(c) development of the partnership with the social protection system, local authorities and networks (religious communities, parliamentarians, traditional communicators, journalists, young people) to increase financial access to reproductive health services for women, adolescents and youth, particularly the most vulnerable, and creation of demand for integrated reproductive health services.

## B. Outcome 3: Gender equality and women's empowerment

18. *Output 3: Increased national capacities to prevent and address gender-based violence and harmful practices such as female genital mutilation to realize the reproductive rights and empower women and girls, especially the most vulnerable*. The following strategies are planned: (a) strengthening the intervention capacity of 400 actors (families, judiciary, youth, security, education, health) for a multisectoral response to gender-based violence and female genital mutilation, including at the community level, in accordance with standard operating procedures; (b) strengthening of community-based initiatives to prevent excision and promote human rights in the seven regions with higher excision prevalence; (c) advocacy for the harmonization of the family code with international conventions on child marriage and adoption of a decree implementing the law on reproductive health; (d) partnership with networks (religious, parliamentarians, young people, traditional communicators, journalists, advocates) in social communication to overcome sociocultural barriers to accelerating the elimination of female genital mutilation; (e) strengthening of the coordination/monitoring/reporting mechanism for eliminating gender-based violence/harmful practices through universal periodic reviews/monitoring of action plans, establishment of management/information systems on gender-based violence in five regions and national surveys.

## C. Outcome 4: Population dynamics

19. *Output 4: Strengthened national capacities to produce and use quality data to inform/model/monitor sustainable development goals/development policies favouring investment in women and youth with a view to harnessing the demographic dividend.* Selected strategies: (a) strengthening the collection/analysis/use of census and survey data, including the continuous demographic and health Survey, the 2023 population census and the national observatory for the demographic dividend; (b) updating/implementing the national strategy for the development of statistics (2020-2025) taking into account the programme data and the monitoring of sustainable development goals, including those sponsored by UNFPA; (c) strengthening information management systems in UNFPA intervention areas; (d) strengthening skills training and the leadership capacities of adolescents from disadvantaged backgrounds; (e) advocacy for the implementation of health, youth and family and gender action plans for harnessing the demographic dividend; (f) advocacy and strengthening of partnerships to operationalize the demographic dividend in urban areas in Senegal (Fass and other municipalities) and in the programme regions in line with the regional strategy of the United Nations system for the Sahel.

# III. Programme and risk management

20. National execution and results-based management will be prioritized in the implementation of interventions. Partnership, resource mobilization and monitoring and evaluation plans will facilitate programme implementation.

21. In the spirit of "Delivering as One," the programme will contribute to strengthening synergies and joint programming mechanisms with United Nations organizations. UNFPA will contribute to the work of the three result groups, the programme committee and the country team.

22. The programme will be implemented with the support of: a Resident Representative, Deputy Representative, operations/programme staff and decentralized teams. The office staff will be strengthened, in line with the recommendations of the UNFPA Interdivisional Mission on the alignment of operations and human resources to the programme. Namely, in the areas of communication, partnership, policy dialogue, coordination and planning and for the operationalization of the demographic dividend in accordance with the Government and donor expectations. The headquarters and regional office for West and Central Africa of UNFPA and external experts will provide technical and programmatic support as required.

23. The following conditions could provide an environment conducive to the implementation of the programme: (a) national ownership and strong commitment from the State, local authorities and technical and financial partners to the funding of sexual and reproductive health for women and adolescents/young people; (b) scaling up of innovative approaches and good practices (Fass projects and the Sahel Women's Empowerment and Demographic Dividend regional initiative, etc.); (c) community mobilization for the rights of girls and women.

24. The following identified risk mitigation measures will support the achievement of expected results: (a) mobilization of additional financial resources, (b) advocacy for the local recruitment of service providers and their retention; (c) implementation of the business continuity plan and the national contingency plan.

25. The Ministry of Economy, Finance and Planning will coordinate the programme. Other line ministries will monitor the implementation of interventions. Joint missions, periodic reviews and evaluations will be carried out in accordance with the UNDAF. Pre-audits, spot checks and annual audits will be carried out according to the guidelines of the harmonized approach to cash transfers. This country programme document outlines the UNFPA contribution to national results and serves as the primary unit of accountability to the Executive Board for results alignments and resources assigned to the programme. The responsibilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and its internal control framework.

# IV. Monitoring and evaluation

26. A costed monitoring and evaluation plan and appropriate tools will be developed in order to periodically monitor programme performance, including field visits, quarterly and annual programme reviews, studies and research. This plan will be aligned with the harmonized monitoring framework of the Plan for an Emerging Senegal and the monitoring and evaluation plan of the UNDAF 2019-2023. It will contribute to monitoring the sustainable development goals. The capacities of implementing partners will be strengthened on results-based management for programme effectiveness, strengthen dissemination and use of results as well as innovations and documentation of best practices.

27. UNFPA, in collaboration with its partners will implement this costed plan and will be accountable to stakeholders. The joint monitoring with partners will guarantee transparency and favour national ownership and programme effectiveness.

28. UNFPA will provide technical and financial assistance to ensure the availability and use of quality data for decision-making purposes. It will actively participate in the development of information and information dissemination systems, mechanisms for sharing good practices and lessons learned.

29. In case of an emergency, UNFPA may, in consultation with the Government, reschedule activities to better respond to emerging issues.

## RESULTS AND RESOURCES FRAMEWORK FOR SENEGAL (2019-2023)

**UNDAF outcome**: By 2023, newborns, boys, girls, adolescents, men, women, especially the most vulnerable of them, have better access to integrated (preventive, promotional and remedial) health, nutrition, water, hygiene and quality sanitation services
**Indicator 1**: Proportion of births attended by skilled health personnel
**Indicator 2**: Proportion of women and girls using contraceptive methods

| UNFPA strategic plan outcomes | Country programme outputs | Output indicators, baselines and targets | Partners | Indicative resources |
|---|---|---|---|---|
| **Outcome 1: Sexual and reproductive health**<br>Outcome indicator(s):<br>• Proportion of women and girls using contraceptive methods *Baseline*: 23% (DHS, 2016); *Target 2023*: 45%<br>• Prenatal visits; *Baseline*: 54% (DHS, 2016); *Target l 2023*: 70%<br>• Proportion of births attended by skilled health personnel; *Baseline*: 59% (EDS, 2016); *Target 2023*: 80% | Output 1: Increased capacity of health facilities to provide integrated quality maternal health, family planning, nutrition, sexual health services to women, and adolescents and youth, especially the most vulnerable, including in humanitarian emergencies. | Output indicators:<br>• Number of health facilities strengthened in the intervention area to provide BEmONC/CEmONC *Baseline*: 17 BEmONC and 0 CEmONC (2016) *Target 2023*: 25 BEmONC and 2 CEmONC<br>• Number of women living with obstetric fistulas receiving UNFPA-supported treatment *Baseline*: 798 (2017) *Target*: 2023: 750<br>• Number of service delivery points that have not experienced a contraceptive stock outage in the last six months *Baseline*: 87.8% (2016) *Target 2023*: 93%<br>• Number of service delivery points offering reproductive health/family planning services adapted to adolescents and young people *Baseline*: 32 (2017) *Target 2023*: 57 | Ministries of Health, Youth, Family; MSI, ENDA, WHEPSA, ASBEF, CEFOREP, National Aid Control Council, networks (religious, parliamentary, press), WHO, UNICEF, USAID | $25.2 million ($4 million from regular resources and $21.2 million from other resources) |
| | Output 2: Improvement in national capacities to create demand for sexual and reproductive health services, including family planning for women, adolescents and youth, especially the most vulnerable. | Output indicators:<br>• Number of women 15-49 using modern methods of contraception *Baseline*: 107048 (2017) *Target 2023*: 254038 (non-cumulative)<br>• Number of women of childbearing age referred to health facilities for integrated services (FP, ANC, PNC,STI) *Baseline*: 18693(2017) *Target 2023*: 50000<br>• Number of networks strengthened to create demand for sexual and reproductive health and family planning services *Baseline*: 5 (2017) *Target 2023*: 10 | Ministries of Health, Youth, Family; MSI, ENDA, WHEPSA, ASBEF, CEFOREP, National Aid Control Council, networks (religious, parliamentary, press), WHO, UNICEF, USAID | 5 million ($2 million from regular resources and $3.0 million from other resources) |

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| **UNDAF outcome 6**: By 2023, the most vulnerable populations including women, young people, children, and the disabled in priority rural and peri-urban areas have access to improved social protection and protection against violence, harmful and discriminatory practices<br>**Indicator 1**: Proportion of men and women demanding the elimination of FGM;<br>**Indicator 2**: National laws adapted to or harmonized with international conventions signed and ratified by Senegal | | | | |
| **Outcome 3: Gender equality and women's empowerment**<br>Outcome indicator(s):<br>• Proportion of girls aged 15 years or less who are victims of female genital mutilation/excision; *Baseline*: 13%; *Target 2023*: 08% | Output 1: Increased national capacities to prevent and address gender-based violence/harmful practices/female genital mutilation to realize the reproductive rights and empower women and girls, especially the most vulnerable. | Output indicators:<br>• Number of communities that made declarations to eliminate harmful practices including female genital mutilation with UNFPA support<br>*Baseline*: 1037 (2017)<br>*Target 2023*: 500<br>• Percentage of women and girls who receive gender-based violence/female genital mutilation prevention, protection and care services<br>*Baseline*: 63946(2017)<br>*Target 2023*: 100,000<br>• Number of functional information management systems relating to gender-based violence/female genital mutilation<br>*Baseline*: 0 (2017)<br>*Target 2023*: 5 | Ministries of Health, Youth, Family; TOSTAN, ASBEF, CEFOREP, GEEP, networks (religious, parliamentary, press), UNICEF, UN-WOMEN. | 8 million ($0.7 million from regular resources and $7.3 million from other resources) |
| **UNDAF outcome 7**: By 2023, national and local institutions improve the quality and equity in the delivery of public services for the promotion of peace, security and effective governance<br>**Indicator**: Proportion of regional development agencies with an integrated system for the collection, processing and dissemination of territorial information, integrating disaggregated data by sex and by disability | | | | |
| **Outcome 4: Population dynamics**<br>Outcome indicator(s):<br>• Indicator: Proportion of national indicators of sustainable development reported by the country; *Baseline*: 68%; *Target 2023*:70%<br>• Number of national policies and strategies developed with youth participation and based on quality data on young adolescents; *Baseline*: 0; *Target 2023*: 4 | Output 1: Strengthened national capacities to produce and use quality data to inform/model/monitor sustainable development goals/development policies favouring investment in women and youth with a view to harnessing the demographic dividend. | Output indicators:<br>• Number of databases with population data accessible by users through a web-based platform based on data from the continuous demographic and health surveys supported by the programme<br>*Baseline*: 4 (2017)<br>*Target 2023*: 4 (non-cumulative)<br>• Number of in-depth analysis reports/studies produced/demographic dividend national observatory to inform policies/strategies<br>*Baseline*: 29 (2017)<br>*Target 2023*: 08<br>• Number of sectoral action plans for harnessing the demographic dividend implemented with UNFPA support; *Baseline*: 0; *Target 2023*: 3 | Ministries of Health, Youth, Family; networks (religious, youth, traditional communicators, parliamentary, press), UNICEF, ILO, UNDP | 4.9 million ($2.0 million from regular resources and $2.9 million from other resources)<br>Programme coordination and assistance 1.0 million ($1 million from regular resources) |